# APPD – SSI Application Detail

This screen is used to add or modify SSI application information for a specific client.

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CAFSAPPD                 SSI APPLICATION DETAIL              04/18/2007    11:06
USER ID : CS4566    MODIFY
CAPS ID : 00001002     00    NAME: HOLLING, KYLE
                                        LAST UPDATED: 02/26/2007  BY: CS4566
ASSIGNED SSI WORKER:  C77838
DOB: 06/28/1993  SSN: 516-92-1004  IV-E:  N  FINANCIAL CNTY: 025  RGN: 4


CUR MONTHLY BENE:     603.00 COST OF CARE:    603.00 CHILD SUPPORT:
DEDICATED ACCOUNT:           OTHER INCOME/RESOURCES:


APPLICATION TYPE     : SSI  REFERRAL/NOTICE DATE:  10/01/2006
PROTECTIVE FILING DATE: 09/01/2006
DECISION/DETRM CODE  : AL   DECISION/DETRM DATE :  10/15/2006
STATUS CODE          : PA   IN PAYMENT
BODY CODE:  01 MUSCULOSKELETAL      DIAGNOSIS CODE:  7300 OSTEOMYELITIS, PERIO
BODY CODE:  04 CARDIOVASCULAR       DIAGNOSIS CODE:  4250 CARDIOMYOPATY


COMMENTS:




                                                                PATH:
```

**Field Descriptions** (F12) indicates code lookup is available.

*CAPS ID*
This field will display the CAPS ID of the client who was entered on the APPL (SSI Application List) screen.

*NAME*
This field will display the name of the client whose ID is displayed in the CAPS ID field.

*LAST UPDATED*
This field will display the date the screen was last updated.

*BY*
This field will display the C number of the worker who last updated the screen.

*ASSIGNED WORKER* (F12)
This field will display the C number of the worker who is adding the application information.  It can be changed to another C number, if necessary.  *The assigned worker must be a worker with the SSI Unit.*

*DOB*
This field will display the date of birth for the client. It can be changed, if necessary, and the date of birth on the PERD (Person Detail) screen will be updated.

*SSN*
This field will display the social security number for the client. It can be changed, if necessary, and the social security number on the PERD (Person Detail) screen will be updated.

*IV-E*
Enter a "Y" if the client is currently IVE eligible. Enter an "N" if the client is currently not IVE eligible.

*FINANCIAL CNTY* (F12)
This field will display the financial county code for the client. This information is defaulted from the financial county field on the CLID (Client Detail) screen.

*RGN* (F12)
This field will display the region number the financial county is located in.

*CUR MONTHLY BENE*
Enter the monthly dollar amount the client is receiving from their benefit.

*COST OF CARE*
Enter the monthly dollar amount for the client's cost of care.

*CHILD SUPPORT*
Enter the monthly dollar amount the client is receiving from child support.

*DEDICATED ACCOUNT*
Enter the dollar amount that is in the client's dedicated account.

*OTHER INCOME/RESOURCES*
Enter the dollar amount of any other countable income or resource values.

*APPLICATION TYPE* (F12)
Enter the type of application.

*REFERRAL/NOTICE DATE*
Enter the date the application was submitted for approval.

*PROTECTIVE FILING DATE*
Enter the date the petition was filed for emergency protective services. *Once this date is entered, it will default to any subsequent applications added on this screen.*

*DECISION/DETRM CODE* (F12)
Enter the determination results of the application.

*DECISION/DETRM DATE*
Enter the date the determination was made on the application.

*STATUS CODE* (F12)
Enter the current status of the application.

*BODY CODE* (F12)
Enter the first body code that you wish to list on the application.  This identifies the area of the body that is affected by the disability.

*DIAGNOSIS CODE* (F12)
Enter the first diagnosis code that you wish to list on the application.  This identifies the specific diagnosis of the disability.

*BODY CODE* (F12)
Enter the second body code that you wish to list on the application.  This identifies the area of the body that is affected by the disability.

*DIAGNOSIS CODE* (F12)
Enter the second diagnosis code that you wish to list on the application.  This identifies the specific diagnosis of the disability.

*COMMENTS*
Enter any free-form text comments that you wish to make regarding the application.


**Additional Information**

None.